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GROUP 3600

**CERTIFICATE OF FACSIMILE TRANSMISSION TO THE
UNITED STATES PATENT AND TRADEMARK OFFICE**

Official

Date: March 24, 2003

Examiner: Janet M. Wilkens : RE: U.S. Patent Application
Art Unit: 3647 : Serial No.: 09/930,721
Fax: (703) 872-9326 : Applicant: Max Douglas Oyler, et al.
From: Thomas M. Fisher : Atty. Dkt. No.: 9D-DW-19866

DOCUMENTS SUBMITTED WITH TRANSMISSION:

Amendment Transmittal (3 pgs.); Amendment in Response to Non-Final Office Action dated 02/25/2003 (9 pgs.); Certificate of Facsimile Transmission (1 pg.); and Submission of Marked Up Claims (2 pgs.).

Total pages including cover page: 15


If all pages are not received, please contact: Michele at Ext. 7321

RE: The above referenced U.S. Patent Application
Title: DISHWASHER DOOR ASSEMBLY
Filed: August 15, 2001

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that these papers are being facsimile transmitted to the U.S. Patent and Trademark Office, Facsimile Number (703) 872-9326 on the date shown below.

Date: March 24, 2003


Thomas M. Fisher, Reg. No.: 47,564

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MAR 25 2003

PATENT GROUP 3600

Attorney Docket No.: 9D-DW-19866

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Max Douglas Oyler, et al. :
Serial No.: 09/930,721 :
Filed: August 15, 2001 :
For: DISHWASHER DOOR :
ASSEMBLY :

Art Unit: 3647
Examiner: Wilkens, Janet M.

Official

Commissioner for Patents
Washington, D.C. 20231

TRANSMITTAL

1. Transmitted herewith is: Amendment in response to Office dated February 25, 2003 (9 pgs.); Submission of Marked Up Paragraphs and Claims (2 pgs.); and Certificate of Transmission Via Facsimile (1 pg.).

STATUS

2. Applicant
✓ claims small entity status.
is other than a small entity.

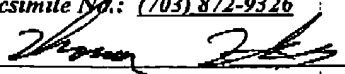
CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is, on the date shown below, being:

MAILING
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for Patents, Box , Washington, D.C. 20231

Date: March 24, 2003

FACSIMILE
✓ transmitted by facsimile to the Patent and
Trademark Office
Facsimile No.: (703) 872-9326


Thomas M. Fisher
Reg No. 47,564

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) _____ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
_____ first month	\$ 110.00	\$ 55.00
_____ second month	\$ 410.00	\$ 205.00
_____ third month	\$ 930.00	\$ 465.00
_____ fourth month	\$1,450.00	\$ 725.00
_____ fifth month	\$1,970.00	\$ 985.00

Fee: \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

_____ An extension of _____ months has already been secured. The fee paid therefor \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____.

OR

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	OR	ADDITIONAL RATE FEE
TOTAL	MINUS	=		x \$9 = \$		x \$18 = \$
INDEP.	MINUS	=		x \$42 = \$		x \$84 = \$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$140 = \$		+ \$280 = \$
				TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) ☒ No additional fee for Claims is required

OR

- (b) ☐ Total additional fee for claims required \$

FEE PAYMENT

5. ☐ Attached is a check in the sum of \$
☐ Charge Deposit Account No. 01-2384 the sum of \$
A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. ☐ Other:



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